

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90021 038 \*\*\*\*\*50.00

**DOCUMENT # M01000000026**

1. Entity Name

**MERCEDE EXECUTIVE PARK, LLC**

Principal Place of Business

2711 CENTERVILLE ROAD  
 SUITE 400  
 WILMINGTON DE 19808

Mailing Address

2711 CENTERVILLE ROAD  
 SUITE 400  
 WILMINGTON DE 19808

11411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, THOMAS M**  
**2400 EAST COMMERCIAL BLVD.**  
**SUITE 820**  
**FT. LAUDERDALE FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<b>MGRM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>ARDELEAN, JOHN</b>	
CITY-ST-ZIP	<b>3850 OTTAWA LANE</b>	
	<b>COPPER CITY FL 33026</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JOHN ARDELEAN**

*John Ardelean*

1-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

FORM NO. : 354-1013512

*Attachment*

SEP 13 2001 04:45PM P1

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 01-30-2001  
NUMBER OF THIS NOTICE: CP 575 E  
EMPLOYER IDENTIFICATION NUMBER: 65-1069341  
FORM: SS-4  
0716934125 0 #M010000000000000000

*17477*

MERCEDE EXECUTIVE PARK LLC  
% JOHN ARDELEAN  
3850 OTTAWA LN  
COOPER CITY FL 33026

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1069341. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Keep this part for your records.

CP 575 E (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716934125

Your Telephone Number ( ) Best Time to Call

DATE OF THIS NOTICE: 01-30-2001  
EMPLOYER IDENTIFICATION NUMBER: 65-1069341  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

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% JOHN ARDELEAN  
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